

COMMENTARY

Charting the path from lack of insurance to poor health outcomes

Lack of health insurance is a major problem in the United States, and it has significant health consequences.^{1,2} Compared with the insured, uninsured individuals have a higher prevalence of chronic medical illness, greater physical morbidity, and higher mortality.³⁻⁵ They face greater barriers to accessing care—they are less likely to have a regular source of medical care, less likely to see a physician when acutely ill, and more likely to delay needed care due to concerns about cost.⁶ Even when they achieve access to care, it is often a lower quality of care than that received by people with health insurance coverage.⁷⁻⁹

Despite all that has been documented in the scientific literature about the health and health care access problems of the uninsured, there is surprisingly little information on how lack of insurance for those with chronic medical conditions affects their day-to-day decisions about their disease management. Much of the context for understanding the values, language, and meanings that the uninsured apply to their health and health care comes from the lay literature.² Becker provides empiric qualitative data on how those with chronic medical conditions manage their health on an ongoing basis and about how health knowledge and self-care practices may be affected by lack of medical care.

The strength of Becker's study is its use of qualitative methods to allow respondents to interpret their individual experiences and the meanings they attach to them. This research found that uninsured people are invested in trying to control their chronic medical conditions to feel better but lack not only adequate health care, but also the tools to manage their illnesses.

The study has 4 key take-home messages for physicians

who care for the poor and uninsured. First, when faced with a "noncompliant" patient who is not taking medications as prescribed, physicians should delve into the circumstances surrounding that patient's decision. Second, physicians could provide multiple prescription refills to diminish the effect of the health visit cost on the uninsured person's ability to obtain medications. Third, physicians should educate patients about measures beyond medications to achieve effective control of their chronic medical conditions. Finally, in concert with the patient's circumstances and values, physicians should also develop a treatment plan, so that the patient's care does not run out when their prescription does.

References

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